

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026074

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 840

FILED JUL 23 1962

| | | | |
|---|---|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u> | | c. CITY OR TOWN <u>St. Joseph, Mo.</u> | |
| Length of stay in 1b <u>29 yrs.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sunnyslope Nursing Home</u> | | d. STREET ADDRESS (If outside, give location) <u>615 Robidoux</u> | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Eva</u> Last <u>Bartimus</u> | | 4. DATE OF DEATH Month <u>July</u> Day <u>13</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2/16/1891</u> |
| 9. AGE (last birthday) <u>71</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Elgin, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Thomas Daly</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ryan</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Harry M. Bartimus</u> | | Address <u>Thos. E. Bartimus, Kansas City, Mo.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 17. INFORMANT <u>Thos. E. Bartimus, Kansas City, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Cervix</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | |
| 21. I attended the deceased from _____ and last saw her _____ on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED <u>7-13-62</u> | |
| 22a. SIGNATURE (Degree or title) <u>Dr. Joseph M. ...</u> | | 22b. ADDRESS <u>St. Joseph, Mo.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>7/17/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Toganoxie</u> | |
| 23d. LOCATION (City, town, or county) <u>Toganoxie, Kansas</u> | | (State) | |
| 24. FUNERAL DIRECTOR <u>Hester-Bowman, St. Joseph, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>July 19, 1962</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Wm. Clark Goodell</u> | | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

P.A. Knepper, M.D.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Theron O. Smith*

Licensed Embalmer No. 3928

P. O. Address *St Joseph MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.